

**DIVISION OF MENTAL HEALTH SERVICES
SUPPORTED HOUSING
ANNEX A**

Name of Agency: _____	
Contract No: _____	Service Commitments from the Period: _____ To: _____
Budget Modification No: _____ (0 = Original)	
Program Element: _____	<u>Supportive Housing</u>
Budget Matrix Code: 27	

1. Total Clients to be Served

2. Number of New Enrollees and Transfers Into the Program

3. Number of Terminations/Transfers Out of the Program

Units of Service:

4. Units of Service for Face to Face Contacts (On site or Off site)
 5. Units of Service for Face to Face Client Family Contact (On site or Off site)
 6. Units of Service for Face to Face Collateral Contact on Client Behalf
 7. TOTAL UNITS OF SERVICE

INDIVIDUAL	GROUP
_____	_____
_____	_____
_____	_____
_____	_____

Individual Units of Service: face to face contact with one consumer for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If two staff members simultaneously serve one client, count as one staff contact. Travel time to and from contact is to be excluded from overall contact time.

Group Units of Service: face to face contact where one staff member serves between two and six clients simultaneously for 15 continuous minutes, count as one group contact per client (group contacts of seven or more clients by one staff member are not reportable). Travel time to and from contact is to be excluded from overall contact time.

Please note: Performance on Program and Community Integration Indicators will be collected on the QCMR for baseline purposes only. Following data collection, collaborative meetings with community provider agencies will ensue in order to further develop Program and Community Integration indicators for commitment purposes on the Annex A. The Annex A will then be revised accordingly.